

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AM 520087
AGENCY REVIEW: _____ DATE 3/10/2004

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

- CHECK AS NEEDED:
- CONSTRUCT NEW SEPTIC SYSTEM(S)
 - REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
 - REPLACE AN EXISTING SEPTIC SYSTEM

- CHECK AS NEEDED:
- NEW STRUCTURE(S)
 - ADDITION TO AN EXISTING STRUCTURE
 - REPLACE AN EXISTING STRUCTURE

- CHECK ONE:
- CREATE NEW LOT(S)
 - BUILD ON AN EXISTING LOT IN A SUBDIVISION
 - BUILD ON AN EXISTING PARCEL OF RECORD

- IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- YES
 - NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH UNKNOWN PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) MR. JOSEPH BLOUIN

DAYTIME PHONE 410-489-9394 CELL _____ FAX _____

MAILING ADDRESS 13800 KENNARD DRIVE GLENELG MD 21737
STREET CITY/TOWN STATE ZIP

APPLICANT MR. JOSEPH BLOUIN

DAYTIME PHONE 410-489-9394 CELL _____ FAX _____

MAILING ADDRESS 13804 13800 KENNARD DRIVE GLENELG MD 21737
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION RESUB OF
SUBDIVISION/PROPERTY NAME CRYSTAL CLEAR LOT 1 LOT NO. 2

PROPERTY ADDRESS 13800 KENNARD DRIVE GLENELG
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 22 GRID 7 PARCEL(S) 533 PROPOSED LOT SIZE 3 AC

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

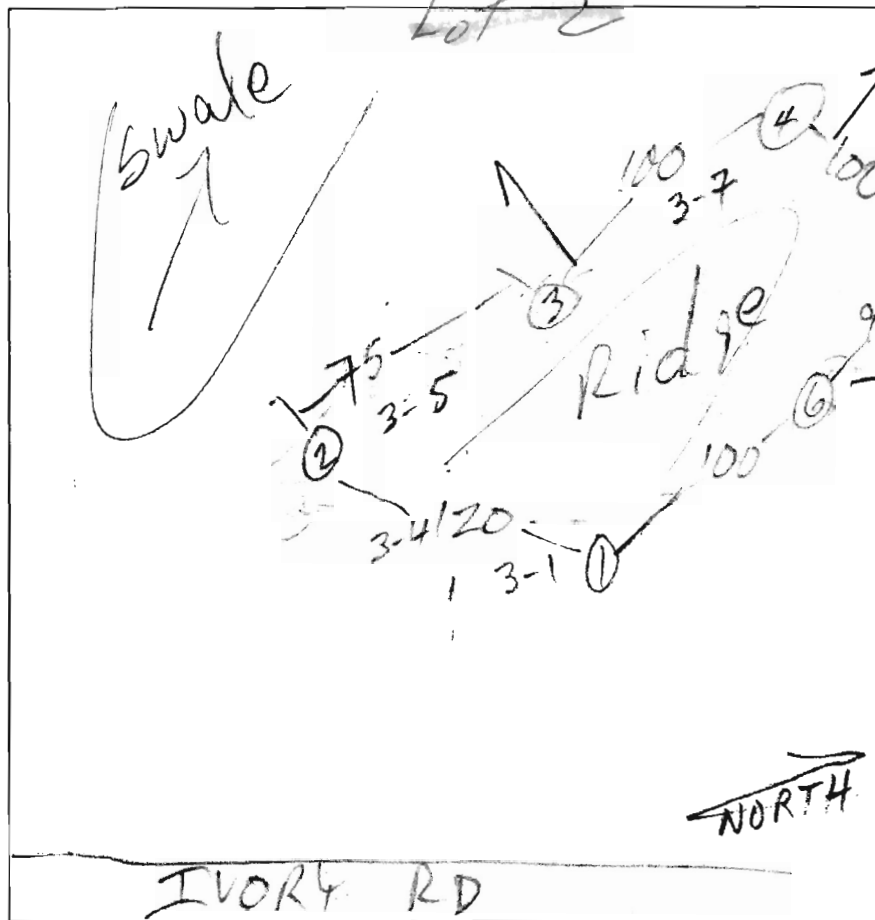
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

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DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/22/04	1 S V	3 12 1/2	9:22	9:24	9:29	5	P
	2 S V	3 1/2 11	9:32	9:38	9:46	8	P
	3 S V	3 1/2 11 1/2	9:42 10:05	10:04 10:18	10:46	28	P
	4 S V	3 11	10:15	10:22	10:32	10	P
	5 S V	2 3/4 11	10:36	10:41	10:53	12 EST	P
	6 S V	3 9/16 11	10:59	11:05	11:13	8	P

REMARKS ABOUT ENOUGH AREA FOR TWO LOTS

SANITARIAN M. Ripkin BACKHOE SKIP OTHERS —
 TEST HOLES USED IN SDA 3-6 AVG. PERC TIME 14 1/2 SQ. FT/BR 210
 INITIAL 3 TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 5 EFFECTIVE SAW 1.5
 REPAIR 3 2 4 1.0±

INITIAL SYS 4BR = 200'
 REPAIRS 4BR = 230'

RESTATION
AREA 'A'
26,208 SF

UBDIVISION
JWN
DEL 533

EX. WETLAND
6,750 SF (0.15±AC)
25' WETLAND BUFFER
7,200 SF (0.16±AC)

OPEN SPACE
LOT 5
0.92 AC.

AFFORESTATION
AREA 'B'
12,161 SF

LOT 2
3.00 AC.

LOT A
3.01 AC.

LOT 3
3.00 AC.

*copy of
Percolation
Certification
Plan
signed
on 11/5/07
reb*

PROP. WELL

>12% SLOPES

EX. DWELLING
TO REMAIN

ChB2

